

Application for an ec/Maestro card

Account holder

REYES Catherine u/o Juan / OHNE NAMEN

Last name / First name / Company

☐ Mr. / ☐ Ms.

Street / No.

Postal code / City

Account number

250-110

Card for:

☒ Account holder☐ Authorized representativeLast name and first name of
the authorized representativeIssuing of the
ec/Maestro card:☐ Send per post☒ To be picked up at the bank counter

ec/Maestro card services

- ☐ Cash withdrawal at ATMs in Switzerland (ec) and abroad (Maestro/Cirrus)
- ☐ Cashless payment of goods and services in Switzerland (ec) and abroad (Maestro)
- ☐ Loading the value card and cashless payment of the smallest amounts in Switzerland (CASH)

The undersigned hereby confirms that he/she has received the General Terms and Conditions of the bank, as well as the Conditions governing the use of the ec/Maestro card and has accepted them as binding. The conditions also apply to all future ec/Maestro cards issued to the undersigned or the authorized representatives thereof – whether they are issued as a result of loss, technical defect or periodic renewal.

The undersigned confirms the accuracy of the information provided and authorizes the bank to obtain all necessary information from the appropriate sources and the Central Authority for Credit Information (ZEK) necessary for the verification and issuing of the card, as well as to report to the ZEK in case of blocked cards, qualified payment defaults or misuse of the card. The undersigned also authorizes the bank to forward customer data to third parties as is necessary for the production of the ec/Maestro card.

This agreement regarding the ec/Maestro card is subject to Swiss law. The place of performance, place of collection – the latter only for customers with a foreign domicile – as well as the exclusive court of jurisdiction for disputes arising from this contractual relationship is _____. The bank reserves the right to also prosecute the customer at the responsible court in his/her domicile or to request another responsible court.

Place / Date

Hadriol 10/19/03

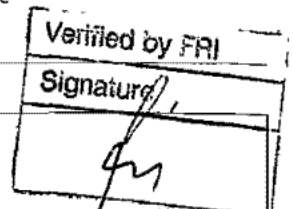
Account holder signature

Katherine Reyes

Place / Date

Authorized representative signature

(for internal bank use, please leave blank)



Exhibit

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